

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 107 STATE FILE NUMBER 63-033223

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waynesville</u>		c. CITY OR TOWN <u>Dixon</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pulaski Co. Gen. Hospital</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>Russell</u> Last <u>Russell</u>		4. DATE OF DEATH Month <u>8</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/19/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (last birthday) <u>78</u>
11a. FATHER'S NAME <u>George Guild</u>		11b. BIRTHPLACE (City and state or country) <u>Mystic, Iowa</u>	
12a. MOTHER'S MAIDEN NAME <u>Janet</u>		12b. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>W. A. Russell</u>	
15. SOCIAL SECURITY NO. <u>[REDACTED]</u>		16. INFORMANT <u>Mr. W. A. Russell, Dixon, Missouri</u>	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac and Pulmonary arrest</u> DUE TO (b) <u>Carcinoma Stomach c</u> DUE TO (c) <u>Metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>1:30</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Waynesville, Mo</u>
21. I attended the deceased from <u>6-14-63</u> to <u>8-12-63</u> and last saw her alive on <u>8-12-63</u> Death occurred at <u>1:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>R D Switt D.O.</u>	
22b. ADDRESS <u>Waynesville, Mo</u>		22c. DATE SIGNED <u>8-14-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/14/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>	23d. LOCATION (City, town, or county) <u>Dixon, Missouri</u>
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Ind, Dixon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charles Anderson</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

2961 62 90A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Maurice E. Schierbaum

Licensed Embalmer No.

4505

P. O. Address

Edison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.